

Return to:  
Office of Special Education  
Nebraska Department of Education  
P.O. Box 94987  
Lincoln, NE 68509-4987

NDE 06-033  
Revised 5/04

Due Date: June 30

## APPLICATION FOR MEMBERSHIP FOR NEBRASKA SPECIAL EDUCATION ADVISORY COUNCIL

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I. Complete the following:

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Zip Code)

County: \_\_\_\_\_

Phone: \_\_\_\_\_  
(Area Code/Home Phone) (Area Code/Business Phone) (Area Code/Fax Number)

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II. A. Check (✓) all that apply to you

- ☐ I am a parent of a child(ren) with a disability(ies)  
Specify disability(ies): \_\_\_\_\_  
☐ Birth to 3 years old ☐ 3 years to 5 years old ☐ 6 years to 21 years old

- ☐ I am a person with a disability(ies)  
Specify disability(ies): \_\_\_\_\_

- ☐ I am an education service provider (Check [✓] the appropriate title)  
\_\_\_\_ Superintendent  
\_\_\_\_ Principal  
\_\_\_\_ Teacher/special educator (teaching assignment) \_\_\_\_\_  
\_\_\_\_ Nonpublic school personnel  
\_\_\_\_ College/University Instructor  
\_\_\_\_ Special Education Director/Supervisor  
\_\_\_\_ Other (specify): \_\_\_\_\_
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III. Complete the following:

- A. Do you belong to an organization/serve on a committee which is involved in some aspect of special education?

☐ Yes ☐ No

➤ Name of Organization(s)/Committee: \_\_\_\_\_

➤ To what extent have you been involved in this organization(s)/committee? \_\_\_\_\_  
\_\_\_\_\_

➤ Would you be able to gather concerns from and report back to the organization(s) you listed?

☐ Yes ☐ No

- B. Meetings are usually held on Thursdays from 9:00 a.m. to 4:00 p.m. Would you be able to commit time to attend at least four such meetings during the school year (i.e., secure release time from work)?

☐ Yes    ☐ No

- C. What history of association with or interest in special education programs do you have?

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- IV. Provide any other pertinent information:

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Signature of Applicant	Date of Application
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ATTN: SEAC Facilitator  
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